



****Form Control Number**

****Submitted Date**

*Vendor Code (or EIN)

*Phone

Acct. Prd.
(MMYY)

*Traveler Name

*Resp Agency / Org

Transaction ID		
P		
Type	Agency	Document Number

Budget FY
(YY)

Address

Agency Control Number(Not Recorded in FINET)

City

State

Zipcode

Date of
Departure

MM/DD/YYYY

Time of
Departure

HH:MM AM/PM

Date of
Return

MM/DD/YYYY

Time of
Return

HH:MM AM/PM

*Agency

*Division

Destination

Non-State Employee Travel Reimbursement Request for In-State Travel

Totals

Business Telephone 6132	Meal Allowance 6005	Lodging 6006	Miscellaneous 6003	Mileage 6002	Transportation 6007	Registration 6276

Grand Total of All Travel	
(Less) Travel Advance Clearing, or Other	
(Less) Expenses paid through BTA	
(Less) Prepaid Registration	
(Less) Prepaid Lodging	
Due Traveler	

Additional Comments

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Funding

Description (25 Characters)	Fund	Agncy	Org	Approp Unit	Act	Func	Exp Obj	Job/ Project	Rpt Cat	Amount

I, the traveler, hereby certify that all items of expense included in this statement were incurred in the discharge of authorized official business and that the amounts are correct and proper.

Document Total

****Traveler's Signature**

Traveler's Title

The undersigned hereby certify that the expenses on this form were authorized as essential to official state business and payment thereof will not exceed appropriation.

****Budget & Accounting Officer or Authorized Agent**

****Agency Head or Authorized Agent Approval** (Can be the same as B&A Officer or Auth. Agent.)

****Read Only Fields.** *Fields Required to save form.

Meals & Lodging

[illegible]

Miscellaneous

Dates MM/DD/YYYY	Registration Fees	Business Phone	Personal Phone	Other	Other Description
Totals					

Transportation

Date MM/DD/YYYY	Transportation Code	Transportation Amount	Private Vehicle		
			Mileage	Rate	Amount
Total			Total		